

EXHIBIT F

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

MDL No. 2641
In Re Bard IVC Filter Products Liability Litigation

In completing this **Plaintiff Profile Form**, you are under oath and must provide information that is true and correct to the best of your knowledge. The Plaintiff Profile Form shall be completed in accordance with the requirements set forth in the applicable Case Management Order.

1. CASE INFORMATION

Caption: _____ Date: _____

Docket No.: _____

Plaintiff's attorney and Contact information:

2. PLAINTIFF INFORMATION

Name: _____

Maiden Name: _____

Address: _____

Date of birth: _____

Social Security No.: _____

Occupation: _____

Spouse: _____

Is Spouse Making Claim for Loss of Consortium? ☐ Yes ☐ No

3. DEVICE INFORMATION

A. Filter Model (e.g., Recovery®, G2®, etc.): _____

B. Lot Number: _____

C. Date of Bard IVC Filter implant: _____

D. Attach medical evidence of product identification and operative report for filter placement.

E. Please check all the reasons why you believe your Bard Filter was placed:

- ☐ Filter Placed After Being Diagnosed with Deep Vein Thrombosis/Pulmonary Embolism
- ☐ Filter Placed in Conjunction with or before Orthopedic Procedure
- ☐ Filter Placed in Conjunction with Trauma Situation/Motor vehicle accident
- ☐ Filter Placed in Conjunction with or before Bariatric Procedure
- ☐ Other Reason(s) for implant (explain): _____

- ☐ Unknown
- ☐ See medical records attached

F. Provide the name and address of both the doctor who implanted the Bard Filter and the hospital or medical facility at which the filter was placed:

Doctor: _____

Hospital/Medical Facility: _____

4. FAILURE MODE ALLEGED

Please check all failure mode(s) that you allege apply to your Bard Filter:

- ☐ Fracture
- ☐ Perforation of filter strut(s) into organs
- ☐ Migration of entire filter to heart
- ☐ Tilt with filter embedded in wall of the IVC
- ☐ Device unable to be retrieved
- ☐ Bleeding
- ☐ Other failure mode(s)
If other, please describe _____

5. REMOVAL INFORMATION

A. Has your Bard Filter been removed?

- ☐ Yes
- ☐ No

☐ Unknown

B. If your Bard Filter has been removed or a doctor has attempted to remove your Filter, please check all that apply regarding the removal or attempted removal procedure(s):

☐ Removed percutaneously

☐ Removed via an open abdominal procedure

☐ Removed via an open chest procedure

☐ Attempted but unsuccessful percutaneous removal procedure

☐ Attempted but unsuccessful open abdominal procedure

☐ Attempted but unsuccessful open chest procedure

☐ Unknown

☐ See medical records attached

C. Provide the name(s) and address(es) of both the doctor(s) who removed your Bard Filter (or attempted to remove it) and the hospital or medical facility where removal/attempted removal occurred:

Filter Removal/Attempted Removal #1

Doctor: _____

Hospital/Medical Facility: _____

Filter Removal/Attempted Removal #2

Doctor: _____

Hospital/Medical Facility: _____

6. FRACTURED STRUTS

A. Do you claim that your Bard Filter fractured?

☐ Yes

☐ No

If you answered YES, answer the below questions in this section.

If you answered NO, skip the rest of Section 6 and go below to section 7 - "Outcome Attributed to Device."

B. Are any fractured filter struts retained in your body?

☐ Yes

☐ No

☐ Unknown

If yes, identify the location(s) within your body of each retained filter strut.

C. Have any fractured filter struts been removed from your body?

☐ Yes

☐ No

☐ Unknown

D. If any fractured filter strut has been removed (or a doctor has attempted to remove any strut), please check all that apply regarding the removal / attempted removal procedure(s):

☐ Removed percutaneously

☐ Removed via an open abdominal procedure

☐ Removed via an open chest procedure

☐ Attempted but unsuccessful percutaneous removal procedure

☐ Attempted but unsuccessful open abdominal procedure

☐ Attempted but unsuccessful open chest procedure

☐ Other, Describe _____

☐ Unknown

E. Provide the name and address of both the doctor who removed (or attempted to remove) the filter strut(s) and the hospital or medical facility at which it was removed (or attempted to be removed)

Filter Strut Removal/Attempted Removal #1

Doctor: _____

Hospital/Medical Facility: _____

Filter Strut Removal/Attempted Removal #2

Doctor: _____

Hospital/Medical Facility: _____

7. OUTCOME ATTRIBUTED TO DEVICE

A. Do you claim to be suffering from any bodily injuries, including psychological injuries that are above and beyond usual pain and suffering and mental anguish, related to the Filter?

☐ Yes

☐ No

If your answer is "Yes," please list all symptoms and injuries you claim to have suffered :

Of the injuries/symptoms you listed above, which do you claim to be suffering from at the current time:

Plaintiff reserves the right to supplement any and all responses upon the receipt of additional information.

Date

Signature of Plaintiff

Date

Signature of Plaintiff – Spouse (signature only
necessary if Loss of Consortium is alleged)